

EQUAL EMPLOYMENT
OPPORTUNITY

TO AID THE STATE OF CALIFORNIA IN ITS COMMITMENT TO EQUAL EMPLOYMENT OPPORTUNITY, APPLICANTS ARE ASKED TO VOLUNTARILY PROVIDE THE FOLLOWING INFORMATION THIS INFORMATION WILL BE SEPARATED FROM THIS APPLICATION BEFORE ANY DECISIONS AFFECTING EMPLOYMENT ARE MADE AND WILL BE USED BY AUTHORIZED PERSONNEL FOR RESEARCH AND EVALUATION PURPOSES ONLY. YOUR ASSISTANCE IN PROVIDING THIS INFORMATION IS NECESSARY TO THE SUCCESS OF THE RESEARCH AND EVALUATION PROGRAM.

IF THIS APPLICATION IS USED FOR A HIRING INTERVIEW, PLEASE REMOVE THIS SECTION OF THE APPLICATION PRIOR TO THE INTERVIEW.

☐ MALE
☐ FEMALE

YOUR AGE GROUP

- 1) ☐ UNDER 21
2) ☐ 21-29
3) ☐ 30-39
4) ☐ 40-49
5) ☐ 50-59
6) ☐ 60 AND OVER

CHOOSE THE ETHNIC GROUP WITH WHICH YOU MOST CLOSELY IDENTIFY YOURSELF

- 1) ☐ BLACK
2) ☐ ASIAN
3) ☐ SPANISH
4) ☐ SPEAKING/SURNAME
5) ☐ WHITE
6) ☐ POLYNESIAN
7) ☐ AMERICAN
8) ☐ INDIAN/ESKIMO
9) ☐ FILIPINO
10) ☐ ALL OTHER

DO YOU HAVE A MAJOR DISABILITY WHICH HAS IMPEDED YOUR OBTAINING EMPLOYMENT?

- 1) ☐ HEARING
2) ☐ IMPAIRMENT
3) ☐ SIGHT IMPAIRMENT
4) ☐ SPEECH
5) ☐ IMPAIRMENT
6) ☐ PHYSICAL
7) ☐ IMPAIRMENT
8) ☐ DEVELOPMENT
9) ☐ DISABILITIES
10) ☐ OTHER (PLEASE NOTE):

California State Department of Education
State Special Schools

FACULTY APPLICATION

Name: _____

Last

First

Middle

Address: _____

Number

Street

City

County

State

Zip Code

Business Phone: () _____

Home Phone: () _____

United States Citizen ☐ Yes ☐ No

If not a U. S. Citizen, have you a permanent residence visa ☐ Yes ☐ No

In addition to English, I am fluent in:

☐ Spanish
☐ Japanese
☐ Tagalog

☐ American Standard Sign Language
☐ Chinese-Cantonese Dialect
☐ Portuguese
☐ Other

☐ Braille
☐ Korean
☐ Vietnamese

Position Desired/Preferred: _____

Age/Grade Level: _____

Subject Matter: _____

5	A.	HAVE YOU EVER BEEN CONVICTED BY ANY COURT OF AN OFFENSE? THE FOLLOWING NEED NOT BE REPORTED 1. MINOR TRAFFIC VIOLATIONS FOR WHICH THE FINE WAS \$50 OR LESS 2. ANY OFFENSE WHICH WAS FINALLY SETTLED IN A JUVENILE COURT OR UNDER A WELFARE YOUTH OFFENDER LAW 3. ANY INCIDENT THAT HAS BEEN SEALED UNDER WELFARE AND INSTITUTIONS CODE SECTION 781 OR PENAL CODE SECTION 1203.45 4. ANY CONVICTION SPECIFIED IN HEALTH AND SAFETY CODE SECTION 11361.5. THIS SECTION PERTAINS TO VARIOUS MARIJUANA OFFENSES.	<input type="checkbox"/> Yes <input type="checkbox"/> No
	B.	HAS YOUR DRIVERS' LICENSE EVER BEEN SUSPENDED OR REVOKED?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	C.	DO YOU POSSESS A VALID CALIFORNIA DRIVER'S LICENSE?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		IF "YES", ENTER YOUR DRIVER'S LICENSE NUMBER _____	

My placement papers are on files with the following placement office:

Office: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Under the name of: _____

Professional References, if not registered with a placement office: (Include only those who have knowledge of your teaching experience; e. g., Superintendent, principals, supervisors, and student-teaching master teachers.)

Name	Position	Address

8. Education						
A.	Name and Location of College or University	COURSE OF STUDY	COMPLETED		DEGREE	DATE COMPLETED
			SEMESTER UNITS	QUARTER UNITS		
B.	Additional		(Check or complete boxes)			
			Elem	Sec	Majors/Minors/Serv.	Expiration
	Other:					
Have applied For:					Date:	
Has your credentials ever been suspended or revoked? <input type="checkbox"/> Yes* <input type="checkbox"/> No Have you ever been dismissed, or asked to resign, from any teaching position? <input type="checkbox"/> Yes* <input type="checkbox"/> No For each question answered yes, explain in writing the circumstance and attach the statement to this form.						

9. EXPERIENCE (PAID TEACHING/COUNSELING)

Begin with your most recent experience. List all experience which you believe meets the requirements for the position you are seeking.

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Period of Employment	Job Title and Most Important Duties Performed	School Name & Address Supervisor Name & Title
From To // // TOTAL: YR MO FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ Salary: \$ _____ Age/Grade Level Duties: _____	REASON FOR LEAVING:
From To // // TOTAL: YR MO FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ Salary: \$ _____ Age/Grade Level Duties: _____	REASON FOR LEAVING:
From To // // TOTAL: YR MO FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ Salary: \$ _____ Age/Grade Level Duties: _____	REASON FOR LEAVING:
From To // // TOTAL: YR MO FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ Salary: \$ _____ Age/Grade Level Duties: _____	REASON FOR LEAVING:
From To // // TOTAL: YR MO FULL TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/>	JOB TITLE: _____ Salary: \$ _____ Age/Grade Level Duties: _____	REASON FOR LEAVING:

CERTIFICATE OF APPLICATION. READ CAREFULLY BEFORE SIGNING

I HEREBY CERTIFY that all statements made hereon are true and correct to the best of my knowledge and authorize investigation of all statements herein recorded. I release from all liability persons and organizations reporting information required by this application

Signature of Applicant

Date